

LEUPP SCHOOLS INC. HC 61 Box D Winslow, AZ 86047 928-686-6211 928-686-6216 fax www.leuppschools.org

#### **MEMORANDUM**

Date: May 3, 2016

To: Universal Service Administration Company (USAC), Department of Schools and Libraries,

eRate Program

Subject: Appeal to Form 472 (BEAR) Notification Decision Letter Dated March 9<sup>th</sup>, 2016 for FRN

2683308 (eRate Year 2014-2015) Reimbursement Approved for Payment in the Amount

of \$0.00.

From: James Rollison, IT Manager, Leupp Schools, Inc.

This memorandum is an appeal to the Form 472 (BEAR) Notification Decision Letter Dated March 9<sup>th</sup>, 2016 RE: FRN 2683308 / Form 471 Application Number 984090 (eRate Year 2014-2015) in the amount of \$0.00 for reimbursement.

### I. Identification Information:

A. Appellant Name/Address/Email/Telephone:

James Rollison Leupp Schools, Inc.

HC 61, Box D

Winslow, AZ 86047

James.rollison@leuppschools.org

928-686-6025

-Applicant Billed Entity Number (BEN): 98657

### II. USAC Decision Being Appealed:

Form 472 (BEAR) Notification Letter Dated March 9<sup>th</sup>, 2016: Decision RE: FRN 2683308 in the amount of \$0.00 for reimbursement.

- -Invoice Number Tied to Form 472 Decision Being Appealed: 2352452
- -SPIN Number Tied to Form 472 Decision Letter Being Appealed: 143000989 (Smith Bagley, Inc.)
- -Form 471 Application Number Tied to Form 472 Decision Being Appealed: 984090
- -Funding Request Numbers (FRNs) Tied to Form 472 Decision Being Appealed: 2683308

\*Relief Sought Through This Appeal: Approval of Reimbursement for Payment in the amount of \$11,599.52 for Invoice 2352452 as certified by Smith Bagley/Cellular One for FRN 2683308, Form 471 Application Number 984090.

#### III. Form 472 Decision Appeal Details: Please see below:

### -Reason for Appeal, (Clerical Misunderstanding on Behalf of the Applicant):

An extension for the Form 472 in reference to form 471 # 984090 /FRN 2683308 / SPIN #143000989 was granted on November 19<sup>th</sup>, 2015 (email is enclosed). The applicant misunderstood the 120 day extension and believed the due date was to be identified as 120 days from the extension verification email provided on November 19<sup>th</sup>, 2015. The new due date for the Form 472 was then identified by the applicant as 3/18/2016. The understanding that the new due date for Form 472 was to be identified as March 18<sup>th</sup>, 2016 was a clerical mistake on behalf of the applicant. The 472 Notification Letter was received and identified the reimbursement amount approved was \$0.00 due to: Invoice Received Date [3/01/2016] Later Than;". The applicant called the USAC support line and was informed that the extension granted was to be identified as 120 days from the original due date of October 28<sup>th</sup>, 2015. The new due date was February 28<sup>th</sup>, 2016. The applicant filed Form 472 on March 1<sup>st</sup>, 2016 under the understanding that the due date was March 18<sup>th</sup>, 2016 when in fact the due date was February 28<sup>th</sup>, 2016.

\*Relief Sought Through This Appeal: Approval of Reimbursement for Payment in the amount of \$11,599.52 for Invoice 2352452 as certified by Smith Bagley/Cellular One for FRN 2683308, Form 471 Application Number 984090.

I look forward to any further discussions on this matter.

#### Enclosed:

- Form 472 (BEAR) Notification Letter FDCL, (Funding Year 2014-2015: 07/01/14-06/30-15), RE: Invoice Number 2352452 / SPIN Number 143000989 (Smith Bagley, Inc.), Total Amount of Reimbursement Approved for Payment: \$0.00;
- 2) Form 472 (BEAR) 120 day extension email verification for FRN 2683308 with notes;
- 3) Form 472 (BEAR) Filed on March 1<sup>st</sup>, 2016 for Reimbursement for 2014-2015 costs associated with SPIN 143000989.

Respectfully,

James Rollison, IT Manager

Leupp schools, Inc.

928-686-6025 / james.rollison@leuppschools.org





### Form 472 (BEAR) Notification Letter

March 9, 2016

Abbie Crozier Smith Bagley, Inc. 1500 S. White Mountain Road Show Low, AZ 85901

Re:

Invoice Number - as assigned by USAC: 2352452 Service Provider Identification Number: 143000989 Reimbursement Form Number: Cell 1 RY 18 2014-2015 Billed Entity Number: 98657

James Rollison LEUPP SCHOOL, INC. HC 61 Box D

HC 61 Box D Winslow, AZ 86047

> Preferred Mode of Contact: E-mail at james.rollison@leuppschools.org Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division Universal Service Administrative Company

CC: LEUPP SCHOOL, INC.

#### BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

### FW: Invoice Deadline Extension

James Rollison

Sent: Tuesday, February 02, 2016 8:31 PM

To: James Rollison

Categories: Purple Category; Orange Category

From: deadline@sl.universalservice.org [deadline@sl.universalservice.org]

Sent: Thursday, November 19, 2015 9:23 AM

To: James Rollison

Subject: Invoice Deadline Extension

This serves as acknowledgement and approval of your request for your one-time 120 day invoice deadline extension for the following FRNs:

#### 2683308

Since this serves as approval, an invoice requesting payment must be submitted so that it is postmarked no later than the date found on the USAC website within the Search Tools in order for your request to be considered as timely filed. If you are resubmitting a Form 472, please remember that you should forward the form to the Service Provider as soon as possible to ensure sufficient time to process your request. The invoice should be submitted in accordance with the instructions that are posted in the SLD Forms area of the SLD web site at <a href="https://www.sl.universalservice.org">www.sl.universalservice.org</a> or are available by contacting the SLD Client Service Bureau at 1-888-203-8100.

Thank you for your continued support of and participation in the E-rate program.

Schools and Libraries Division
Universal Service Administrative Company

This e-mail has been generated programmatically. Please do not respond to this e-mail.

\* Deadline extension was 120 days from original due date (Oct. 28,2015)

- Feb 25, 2016

of approval (Nov 19, 2015).

1st Appeal = USAC 2nd Appeal if USAC deries 1st attempt = FCC

### **USAC Notification: New Customer Service Case Created**

portal@usac.org on behalf of EPC Application Administrator [EPC.Application.Administrator@usac.org] Sent:Wednesday, April 06, 2016 11:27 AM

To: James Rollison

Hello.

The USAC Client Service Bureau has created the following case:

Description: Caller wanted to check on invoice #2352452.

Priority: Medium

Created By: Thompson Minter Received: 4/6/2016 2:27 PM EDT

Case Number: 74024

If the details of the case are not correct, you may view/modify the case record here or contact us by

phone at (888) 203-8100.

Thank you.

Universal Service Administration Company

NOTE: Please do not reply to this email.

This message has been sent by EPC

Do not write in this space.

Approved by OMI OMB Control No. 3060 - 085 Estimated time per Response: 1.0 hour

## Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia

# BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), continuous interesting in the United States Code, 18 U.S.C. Sec. 1001.

#### FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this ourden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)
Cell 1 RY 18 2014-2015

FCC Form 472 Invoice #

(To be inserted by administrator) 2352452

### **BLOCK 1: HEADER INFORMATION**

1. Billed Entity Name	LEUPP SCHOOL, INC.
2. Billed Entity Number	98657
3. Service Provider Identification Number (SPIN)	143000989
4. Contact Name	James Rollison
5. Contact Telephone Number	928- 6866025 ext

FCC Form 472

July 20

### Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name <u>LEUPP SCHOOL, INC.</u> Billed Entity Number <u>98657</u> Contact Name <u>James Rollison</u> Contact Telephone Number <u>928-6866025</u> Applicant Form Identifier <u>Cell 1 RY 18 2014-2015</u>

BLOCK 2: LINE	ITEM INFORMATION	PER FUNDING	REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Colun 13)
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# **BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name \_LEUPP SCHOOL, INC.

Billed Entity Number <u>98657</u>

Contact Name James Rollison

Applicant Form Identifier Cell 1 RY 18 2014-2015

## **Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on beha of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.
- 15. Signature of authorized person Signed electronically by JAMES ROLLISON

16. Date 3/1/2016

- 17. Printed name of authorized person JAMES ROLLISON
- 18. Title or position of authorized person IT MANAGER
- 19. Telephone number of authorized person 928-6866025
- 20. Address of authorized person HC 61 BOX D, WINSLOW AZ 86047

'age 3 of 5

FCC Form 472

July 20

# **BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name <u>LEUPP SCHOOL, INC.</u>

Billed Entity Number 98657

Contact Name James Rollison

Applicant Form Identifier Cell 1 RY 18 2014-2015

# **Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.
- 21. Signature of authorized person (fax, copy or original signature) Signed electronically by Cindy Butterfield

22. Date 3/1/2016

- 23. Printed name of authorized person Cindy Butterfield
- 24. Title or position of authorized person Project Manager
- 25. Telephone number of authorized person ext 2274
- 26. Address of authorized person 1500 S White Mountyain Road #103, Show Low AZ 85901

?7. Applicant Remittance Information

Name James Rollison

**Title IT Manager** 

Street Address

4C 61 Box D

Ninslow, AZ 86047

I paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472

P.O. Box 7026

Lawrence, KS 66044-7026

f sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

**SLD Forms** 

ATTN: SLD BEAR FCC Form 472

3833 Greenway Drive Lawrence, KS 66046 Phone: 1-888-203-8100

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FCC Form 472

July 20